Unearthing the Buried City

The Janet Translation Project

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This document is part of *Unearthing the Buried City: The Janet Translation Project*, a series of AI-assisted English translations of Pierre Janet's works.

In his seminal 1970 book: *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, Henri Ellenberger wrote:

> *Thus, Janet's work can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by marauders. But it may also perhaps be unearthed some day and brought back to life* (p. 409).

This project takes Ellenberger's metaphor seriously — and literally. The goal of this work is to unearth the buried city of Janet's writings and make them accessible to the English-speaking world, where much of his legacy remains obscured or misunderstood.

Pierre Janet was a pioneer of dynamic psychology, psychopathology, hypnosis, and dissociation. His influence on Freud, Jung, and the broader psychotherapeutic tradition is profound, yet the bulk of his original writings remain untranslated or scattered in partial form. These AI-assisted translations aim to fill that gap — provisionally — by making Janet's works readable and searchable in English for the first time.

This is not an academic translation, nor does it claim to replace one. It is a faithful, literal rendering produced with the aid of AI language tools such as Chat GPT and DeepL and lightly edited for clarity. Its purpose is preservation, accessibility, and revival. By bringing these texts to light, I hope to:

- Preserve Janet's contributions in a readable English form
- Spark renewed interest among scholars, clinicians, and students
- Inspire human translators to produce definitive, academically rigorous editions

Hysterical Amnesia[1]

Second lecture given at the Salpêtrière on Friday, March 17th, 1892

By Mr. Pierre Janet
Associate Professor of Philosophy, Doctor of Letters, student of the department.

Gentlemen,

I begin today by asking for all your indulgence and some patience—not because I doubt in the least your kind reception, but because the subject of our study is difficult for both you and me. Memories are not a phenomenon as simple as sensations; their theory is much more complex and far from being fully developed. The experiments, to the extent (and that is where decisive results can be obtained), are much more difficult to reproduce on a stage; they always require, when they are possible, a much more attentive observation over a long period of time, carried out in calm and isolation. You may then say to me: "If this subject of hysterical amnesias is so difficult to understand and to present, why address it? Why not study other, simpler problems presented to us by the mental state of hysterics?" I would reply that, for me, it is a kind of question of principle; it is my duty to tell you what seems true to me, even if I am mistaken, even if I must expose myself to all sorts of inconveniences. Well then, I am convinced—or rather certain—that amnesia is very important in hysteria, that it is even one of the cardinal symptoms of this condition. It does not seem to me possible to understand anything about the various symptoms you may observe—paralyses of all kinds, astasia-abasia, mutism, seizures, delusions, and especially somnambulisms—if you have not first studied as thoroughly as possible the principal fact that plays a part, more or less, in all the others: the disorder of memory. I therefore owe it to you to indicate in what direction, in my opinion, this study must be oriented, to explain to you what is more or less known, and the suppositions that seem plausible to me.

Moreover, to facilitate this work and not go astray, we will describe exclusively the cases of typical amnesia, as Mr. Charcot says, voluntarily setting aside mild or incomplete amnesias and especially the complex and confused cases of which I declare to you in advance that I understand nothing. Then, we will have a guide in this study: to move from the known to the unknown, we will always compare hysterical amnesia as much as possible with the anesthesia we have already studied; we will first see that there are undeniable similarities, and we will finally point out the influence these two phenomena exert on one another.

[1] Janet, Pierre. "L'amnésie hystérique," Deuxiéme conférence fait à la Salpêtriére le 17 mars 1892, *Archives de Neurologie*, xxiv (1892), pp. 29-55.

I

To describe *hysterical amnesias*, one must, in my opinion, place first a characteristic that may perhaps surprise you a little: they are *very frequent*, almost as frequent as anesthesias. Mr. Charcot noticed this a long time ago; in the *Tuesday Lessons*, in 1887, he said, speaking about a patient in the ward: "This patient has almost always been turned away from hospitals as a simulator; it is true that he often contradicts himself in his accounts and that he may be somewhat crazy. But we must take into account a mental state still insufficiently studied, frequent especially in virile hysteria, where temporary amnesia plays a large role. There is truth and falsehood in what he tells, but it is the doctor's task—as I told you the other day—to determine what is true and not to condemn the patient at once without deeper investigation."[2] What Mr. Charcot observed at that time, we can still observe every day. You know, for example, that it is sometimes difficult to take the history of a hysterical patient because her accounts are constantly incomplete and contradictory. My friend Mr. Souques, intern of the department, often told me of strange misadventures on this subject. One day he was writing down the history of a hysterical woman—the illnesses she had already had, the hospitals where she had been treated, etc.—but the next day, when he was preparing to read the case to Mr. Charcot, the patient brought before the doctor recounted the exact opposite. I have, moreover, found exactly the same remarks in the work of Mr. Gilles de la Tourette.[3]

A thousand details that one can note, when observing their manner of being in the ward, lead us to the same conclusion. Many patients, upon entering, cry and moan at the thought of leaving their relatives, of living alone in the hospital; the next day, that has passed, they have forgotten their regret and believe, they say, that they have been in the house for months. Several of them, because of their forgetfulness and their continual distractions, are entirely incapable of performing any work, even simple services. You send them on an errand, they return after a few hours without having done anything, having completely forgotten both the task and its purpose. One of them gets angry with me one day and reproaches me with more or less imaginary grievances; the next day, I feel obliged to show a certain coldness toward her. She is then surprised and quite worried, asking me what I have against her; she had completely forgotten the scene from the previous day. Moreover, if you ask them yourselves about their life in the hospital—what they did the day before, in the morning, or what they were asked to do in the afternoon—you will certainly meet several who cannot answer you. They live day to day, barely capable as we have just seen of understanding what is happening in the present moment and all the more powerless when it comes to arranging memories of the past and images of the future.

These amnesias, though equally frequent, do not always present the same appearance; on the contrary, they are very variable in all their characteristics. We believe we can, for the convenience of study, classify them into three principal

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[2] Charcot. – *Leçons du Mardi à la Salpêtrière*, 1887, p. 297.
[3] Gilles de la Tourette. – *Traité de l'hystérie*, 1891, p. 552.

categories analogous to those we adopted for anesthesias: the amnesias may be *systematized*, *localized*, and *general* or *continuous*.

The first are perhaps the most common: the patients lose a certain category of memories, a certain group of ideas of the same kind forming together a system. Thus, they forget what relates to their family, or the ideas related to themselves, or the knowledge necessary for a particular trade; they no longer know how to embroider or sew, they lose the language or only retain the particular language they knew well. The examples are so varied that, as I would only repeat them in different form, I will not dwell on them. But I had the opportunity to observe in the ward one of those curious cases that could sum up this description. A young girl named Célestine, very gravely affected by hysteria, was admitted to the hospital last November. I was already working in the ward for a few months and, as this patient interested me, I took care of her from her arrival and saw her nearly every day; she soon became familiar to me. But very recently, about three months after her arrival, when I greeted her in passing, she looked at me with surprise, did not respond, and—without saying anything—looked down at the ward supervisor. Since it seemed odd, I asked the supervisor upon leaving what was going on with Célestine and what she had said earlier while pointing to me. "It's nothing," she replied, "Célestine is not ill, but she seems to have suddenly forgotten; here she is asking who you are and is surprised that a newly arrived patient in the ward calls her by her first name and claims to know her." I thought it was a bad mood or a joke, but after examining the patient, I had to accept the evidence: Célestine had experienced the evening before a rather strong emotional shock, as happens quite often in such cases, her mental state changed, and she had completely forgotten everything. Her memory of all the events that occurred during her stay at the hospital had become very weak; but she still remembered the other people well, and it seemed to me that above all she had lost all memory of the ideas I had conveyed to her. Perhaps it is strange that memory would last so long, but I am curious to induce hypnotic sleep to see if it still exists beneath. In spontaneous somnambulism, all the memories were entirely normal again; when the waking state returned and this peculiar systematized amnesia reappeared—after an episode—it had vanished. Let me remind you in this regard of an interesting fact that Mr. Charcot recently showed us. G… at the height of an emotional episode presented spontaneous somnambulisms at night, one of the great advantages of hysteria. What interests us today is that in her systematized amnesia, which is very easy to observe, she had spent time in England and spoke and understood English quite well. But in recent months, since her illness has worsened, she has completely forgotten her stay in England, the streets of London, and the English language, of which she can now no longer understand nor pronounce a single word.

Among the most curious of the systematized amnesias, many concern memories of motor images and cause genuine disturbances of movement or even paralyses. I do not mean to say that all paralyses of psychic origin are amnesias; on the contrary, I believe that some of them are more closely related to fixed ideas: only a certain number depend on memory disorders. Astasia-abasia, as described by M. Blocq, is "a loss of the muscular synergies that ensure balance in

the upright position and in walking."[4] The patient no longer knows how to use his legs; he does not know how to walk. We cannot enter into the details of these disturbances of movement; we merely recall that certain paralyses of arm movements or even of eye movements appear to be due to psychological disorders analogous to systematized amnesia.

Localized amnesias are even better known than the previous ones; they strike the observer more strongly. The events of which the memory is lost are united by a common feature: they all belong to the same time, to the same period in the patient's life. The most typical cases occur as follows: following an accident or an emotion, the hysterical patient—who until then seemed to be in fairly good health—has a violent attack. When the crisis ends, the patient seems to return to ordinary life; but people around her notice some oddities in her behavior and speech. When questioned, they find that she does not remember the emotion she claims to have had, and she has even forgotten all the preceding events of her life up to a more or less distant date. Thus, I once brought to the hospital in Le Havre a woman who had had such an incident. Following an attack that occurred in the month of November, a few days before she entered the hospital, she was found to be paraplegic and had forgotten all the events of the preceding three months; she could recount in detail what happened in August, but could no longer say whether an event took place in September or October. (I remind you so that we may shortly refer to it that this woman was at that moment totally anesthetic and had complete achromatopsia of both eyes.)[5] These are the kinds of cases that have been designated under the name of *localized and retrograde amnesia*.

These localized amnesias can also be much less significant, much more partial, and much more sudden. They concern, for example, certain actions that were evidently carried out abnormally. Certain dreams at night during which the patient was agitated and spoke a lot, certain strange deliria that accompany the crisis, certain abnormal states that follow the attack seem to leave no trace in memory. These facts are well known, and I prefer to insist on other amnesias that concern only periods of apparently normal life. Allow me to cite here a few lines from an already old book, but a very curious one, that of Dr. Despine (of Aix). It contains, in my opinion, one of the earliest and one of the most remarkable descriptions of the mental state of a hysterical patient: "Sometimes," he says, speaking of his patient, "there was a particular moral state observed by Estelle's mother of which she was not yet aware herself. She would often begin or hear a reading that seemed to interest her, but a few moments later, the child appeared to retain not the slightest memory! She would be taken out for a walk (she was paraplegic), she would see everything going on around her, take an interest in it, chat, etc., and afterward, she would often seem to have forgotten everything, or even if she remembered a few things, they were fleeting and like a dream that vanished."[6] How often have we verified this observation of Despine, regarding patients who seemed attentive to a reading or to a task and who, when questioned a few moments later, told us they were incapable of saying what they had done!

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[4] Paul Blocq. – *Sur une affection caractérisée par de l'astasie et de l'abasie.* (*Archives de Neurologie*).
[5] See in *Automatisme psychologique,* 1889, p. 93, the case study of the patient described under the name of Rose.
[6] Despine (d'Aix). – *De l'emploi du magnétisme animal dans le traitement des maladies nerveuses*, 1840, p. 12.

This character seems very important to me; it must be retained in thought because, as we will soon see, in general and retrograde amnesia, hysterics who present systematized or localized amnesias cannot explain their condition if we do not recognize this dissociation of consciousness.

Finally, *amnesia* may be *general*: I believe it is quite rare to encounter a complete amnesia covering all memories. Certain cases, however—that of MacNish, that of Weil Mitchell (Mary Reynolds)—seem to be more or less of this kind. But it is more frequent, although still exceptional, to observe certain amnesias which, in my opinion, deserve the name *continuous*. From a certain date onward, the patient loses the ability to acquire any memory; she retains the memory of earlier events up to a certain time, but keeps the memory of present events for only a few moments.

I had already noticed disorders of this kind, more or less complete, in some patients—particularly in a patient from M. Falret's ward[7]—but I had never had the opportunity to see this mental illness in its typical form. You know that here, in M. Charcot's ward, there is a case of amnesia probably unique in its kind.

The story of Mlle D... was told to us by M. Charcot himself,[8] not long ago. It will be taken up again and thoroughly analyzed in a memoir by M. Souques. I must remind you that just a few months ago, following a violent emotional shock around the end of August, Mlle D... had a violent attack which M. Charcot rightly considers to be a hysterical episode. She came out of this attack in a very particular mental state: (1) she had forgotten everything that had happened to her during the preceding two months, and (2) she was utterly incapable of acquiring any new memory—events as striking as the dog bite, the trip from Cognac to Paris, the vaccinations at the Pasteur Institute did not imprint themselves enough on her mind to leave a memory; retrograde and anterograde amnesia, exactly as described by M. Charcot. Even today, she anxiously asks where she is: you answer that she is in Paris, at the Salpêtrière, and after a few minutes, or at most a few hours, she declares again that she does not know where she is and believes she is still in Cognac. This case of amnesia is extraordinary, and you will not be surprised that I insist a little more at the moment on the characteristics it presents. It is a good way to analyze hysterical amnesia in its most perfect form.

No doubt *continuous amnesia* is rarely so complete,[9] but once one has learned to recognize it from these typical cases, one quickly comes to see that it actually exists very frequently in a more or less attenuated form. It almost constantly comes to overlay other forms of forgetfulness and contributes greatly to giving hysterical patients their particular physiognomy. The apparent indifference of these patients, their variability, their whims, and even, as I intend to show you, their remarkable suggestibility, all stem from these disorders of memory. I cannot

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[7] Étude sur un cas d'aboulie et d'idées fixes. (*Revue philosophique*, 1891, t. I, p. 258–384).

[8] Charcot. – Sur cas d'amnésie rétro-antérograde, probablement d'origine hystérique. (*Revue de médecine*, 10 February 1892, p. 81).

[9] A very curious observation by MM. J. Séglas and P. Sollier shows us a variety of continuous amnesia quite analogous to the case of Mlle D..., though not absolutely identical; we cannot dwell on these details (puerperal madness, amnesia, astasia and abasia). (*Archives de Neurologie*, no. 60).

describe for you the innumerable varieties; I must content myself with having pointed out the principal ones.

II

To quickly summarize the condition of one of the patients I have just described to you, we say that she has lost the memory of such and such an event. This is a correct expression, but a very vague one: the word "memory" in fact summarizes a set of phenomena and even of psychological functions that are very different from one another. An alteration of memory considered as a whole may be due to a particular lesion of one or another of its component operations. It is therefore not unimportant to know precisely which phenomenon is altered; this completely changes the medical diagnosis, in my opinion. Depending on whether we attribute the memory disorder to one or another of the elementary operations, we will be dealing either with dementias or with cases of hysteria. There is therefore value, whenever possible, in being able to specify.

To do this, allow me, gentlemen, to briefly summarize for you the principal operations which, in the eyes of psychologists, seem to constitute a complete memory. Concerning each of them, we will ask ourselves whether it is suppressed or severely impaired in the cases of amnesia we have described. In this way, we will arrive—by a sort of process of elimination—at recognizing the fundamental lesion that characterizes these amnesias and distinguishes them from all others.

There are, first of all, in memory as philosophers describe it, rather complex intellectual operations which allow us to recognize memories, to distinguish them either from imaginations or from present sensations, and to locate them at a specific point in the past. These delicate operations must very often be impaired in all mental illnesses and in hysteria as in other conditions. But their disturbance gives rise to illusions, to delusions rather than to true amnesias, and we will not dwell on their study.

We must now consider in memory more elementary operations: the first of all has long been called *the conservation of memories*. This is only the description of a fact and not its explanation: the psychological phenomena that have occurred once do not completely disappear—they leave traces, as was formerly said, that is to say, they leave in the brain some unknown modification which allows them to be reproduced. In a word, a psychological phenomenon is preserved when it can from time to time be reproduced; it is not preserved when its reproduction has become definitively impossible. There can be, and there certainly are, amnesias due to a lesion of this kind. Let us suppose a definitive and material destruction of cerebral cells which had stored the unknown modifications left by sensations and the memories of those sensations—these will then be materially destroyed in an irreparable way. Is this the case in hysterical amnesias? No, certainly not—on this point I have no hesitation. A hysterical amnesia, however deep, however long it seems to be, is nothing other than the temporary inaccessibility of the traces left by sensations. In other words, in any hysterical amnesia, the conservation of memories still persists.

I prove it by showing that it is always possible, more or less easily, to reproduce at least momentarily these apparently vanished memories. Here is first a very simple example: this young girl, Berthe, is hypnotizable; I do not claim to explain in a single word what hypnosis is. It is still probably one and the same name confusedly applied to very different things. I only remind you of one well-known fact: hypnosis is a state from which no memories remain after the patient awakens. This forgetting is more or less complete, more or less quickly obtained after the first hypnotizations, but it is in my view the characteristic of the lighter or more serious somnambulistic state. In the case of the young girl I am showing you, Berthe, it occurred—I assure you—even the first time I put her to sleep. This fact is not accidental: she is a young girl predisposed to this phenomenon, naturally and at every moment showing localized amnesias similar to those described by Despine. For many years before coming to the hospital, she had natural somnambulisms, at first at night, and—this does not surprise us—even during the day. When one shook her to wake her from her spontaneous hypnoses, she remained completely dazed, having totally forgotten what she had been occupied with just before. Hypnosis simply consists in artificially reproducing in her one of those numerous states followed by amnesia, into which she spontaneously entered at every moment. Well then, this forgetting is only an appearance, an illusion; it suffices to put her back to sleep, to return her by suggestion—or better yet by an automatic habit—into a moral state analogous to the one she had just left, for her to recover all her memories. This is a known law of somnambulism, but one that cannot be demonstrated in five minutes on a stage; by examining patients, you will have many opportunities to become personally convinced of this point.

Here is another, more complex case. Marguerite has had severe hysterical attacks for the past two years and, following these attacks, enters a sort of fairly complicated somnambulistic state that I will not describe to you. I only remind you that it is a spontaneous state which is part of the hysterical episode and from which she emerges by convulsions. She never remembers upon waking what occurs during this period; it seems that there is a complete forgetting naturally produced by the attack. And yet, this is not so: one can artificially reproduce this same state which seemed to be an integral part of the attack, and she will then recount to us in detail everything that you saw her do during the crisis. Here again, there is preservation of memories. It is likewise for the very curious amnesias of this young woman G. who seems to have totally forgotten the English language. When she is in a state of induced somnambulism, she speaks of London, the parks, the promenades, the institution where she worked, and she perfectly sustains a conversation in English. The forgetting of the English language exists only during waking life and not during somnambulism.[10]

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[10] See *Automatisme Psychologique*, pp. 73, 76 and following, for some precautions to take when studying the facts of alternating memory. One does not always succeed immediately, by hypnotizing the patient in any manner, in making her recover all the memories that seem to have been lost; it is sometimes necessary to vary, through a kind of trial and error, the somnambulistic state one induces, in order to place the mind in a certain state in which it recovers the sought-after memories. This search may be somewhat difficult; but we nevertheless believe that, through all the resources of hypnosis and suggestion, one can always succeed in producing in the hysteric an

But when it comes to the continuous and so strange amnesia presented by Mlle D., do we still maintain, despite appearances, the same certainty? Certainly—and for the same reason: these memories can be reproduced at certain moments, so they are still well preserved. You know how M. Charcot first discovered this preservation: this person who remembered nothing while awake and could not retain for five minutes the name of the Salpêtrière, where she was, had dreams at night and spoke aloud in her sleep words that her roommates heard. In her dream, she spoke of the rabid dog, of the Salpêtrière, of doctors in white coats—in short, of everything she seemed to have completely forgotten.[11] It sufficed, moreover, to put her to sleep artificially to make her recount in detail all the events of her life from at least August to October. This last case is the most striking; it comes to confirm the others and again proves to us the preservation of memories in hysterical amnesia.

Psychologists then describe to us another essential phenomenon in memory, which is the *reproduction of images*. Through a mechanism that we have not yet studied and in which the association of ideas plays the major role, the primitive psychological phenomena that have been retained in memory reappear in more or less vivid forms, more or less complete, but more or less with the same characteristics as the first time. These are called images, and the reappearance of these images at the right moment is understood to be an essential condition of complete memory. Is it here that we will find the explanation of hysterical amnesia? This seems at first glance quite plausible: Mlle D., for example, seems unable to reproduce the images she dreams, during sleep, and cannot reproduce the images she would need during waking life. And yet, without stating this as an absolute, I would say that I do not believe there is a lesion of this kind in hysterical amnesia. In my view, the images can be reproduced when necessary—even during waking life—and Mlle D., if I am not mistaken, has all the time in her mind and on her lips the answer to the question posed to her about who she is. Why does she say something like that, when the poor woman declares herself to be unhappy and claims that it is absolutely impossible for her to recover the slightest memory? This is because we have already seen many similar things in hysterical patients. We have seen that they seemed not to feel, not to see, and yet at that very moment they had very clearly in their minds the tactile and visual sensations. One may wonder whether it is not the same for the images, which differ so little from sensations.

The very behavior of Mlle D. in the ward shows us that she actually possesses those memories she seems unable to retrieve. She seems not to recognize anyone, yet she always sits next to the same patients and always talks with the same people. She has no memory whatsoever of having been bitten by a rabid dog, and yet she runs away screaming in terror whenever one of these animals approaches her. Mlle D. herself told me—what is rather curious—that she did not previously have this fear of dogs, and that she does not know why she now dreads them so:

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artificial state sufficiently analogous to the natural states that were forgotten, in order to restore the memory. That is enough to demonstrate what we have asserted here: the preservation of memories despite hysterical amnesia.

[11] Charcot – *Revue de mèdecine*, 1892, p. 94.

the memories therefore seem to be reproduced in her appropriately, though without her awareness.

Here is the procedure that succeeded for me in bringing to light the existence of these memory images. I say: "the procedure that succeeded for me," because I do not claim that there is no other. If through training, through various suggestions made differently, you succeed in bringing out the memories of Mlle D., and especially in making her recall them, I will be very happy. That would demonstrate even more clearly that this patient's memories are present and that she lacks very little in order to have a normal memory. But all I know is that Mr. Souques, for two months, and I myself for one month, have tried by every possible suggestion to force Mlle D. to recover her memories, and that we have not succeeded. That is why I ask your permission to show you the procedure that does not return her memories, but which demonstrates their existence.

If we question her directly—if I ask her, for example, to pronounce or even voluntarily write the name of the intern who cares for her—you see that, although she seems to make an effort, she does not find it and declares herself incapable of writing a name she does not know. Let us proceed differently. I move away from her and ask another person, my friend Mr. Carpentier, to converse with the patient; she answers his questions, seems to pay attention to what he says, and no longer takes notice of me. I slip a pencil into her right hand, and she takes it without turning; it's strange, but this is how it happens with most hysterical patients who, as we've seen, are very easily distracted. Generally, a normal person, whose hand is not insensitive, would feel that an object has been placed in it and would turn around. It would take an intense conversation to make him indifferent. With hysterics, it's not the same; the slightest things are enough to distract them completely—they become, in that moment, truly anesthetic. Let us take advantage of this state, and while Mlle D. continues talking with Mr. Carpentier, let us give her a suggestion as if she were capable of automatic writing: "Write, I tell her, the name of the intern in your ward." You see her hand, with the pencil, begin to move and write this name: "Mr. Lamy." In the same manner, she responds this way to all the questions, and in her writing thus obtained, she shows us the reproduction of all the memories she seemed to have completely lost. I do not intend, gentlemen, to study this writing with you in detail, which, moreover, does not appear in Mlle D. in a particularly remarkable way. I am not insisting on this to show you anything extraordinary, but simply that Mlle D. states she did not hear my questions, that she affirms she did not write, that she is astonished by these writings, which we show her, and does not admit that she wrote them. These are the kinds of details that are not essential today. What I ask you to observe is that this involuntary and, at least unconscious, writing reveals memories that Mlle D. is incapable of possessing otherwise than when asleep. Do not think that I attribute some marvelous power here to writing to revive Mlle D.'s memories. No, perhaps she could be made to show her memories in another way, through spoken language itself. But this has not happened so far, and no suggestion has succeeded in making her speak when awake. No doubt, in less than a month, I will find a method that succeeds in some way. I go back to distracting her, this time avoiding attracting her attention

through speech. I give her a book and tell her: it's a reading or multiplication exercise. While she is absorbed in her task, we observe the same distraction phenomena. We can touch her, speak into her ears without her noticing. I then ask: "What are the names of the two patients who are her neighbors in the ward?" Her reading or arithmetic, she continues aloud and very correctly. A new fact from which I again draw only one conclusion: the reproduction of memories exists in her; it seems to take place normally when needed; and it is not yet in this phenomenon of reproduction that we find the lesion that constitutes hysterical amnesia.[12]

But where then should we look for that alteration of memory which must exist somewhere in order to produce such manifest results? Psychologists, in their descriptions, admit no other elementary phenomena of memory besides the conservation and reproduction of memories. I believe they are mistaken, and that illness breaks down and analyzes memory better than psychology can. Just as we saw earlier, it is not enough that a simple, isolated sensation is produced in the mind for it to be fully appreciated by the subject. Rather, for consciousness to be aware of a sensation expressed by the "I feel," a new operation must be added to the first. It is necessary for a kind of synthesis to unite the sensations produced and connect them to the mass of past ideas that make up the personality. Well, it must be the same for images: it is not enough, as we have become aware in the study of memory, that such or such image be reproduced by the automatic play of the association of ideas; it is still necessary that *personal perception* grasp this image and relate it to other memories, to other clear or confused sensations, external or internal, that together constitute our personality. This operation is so simple and easy to perform that one might not even suspect its existence. But it can be altered or suppressed, while all the other phenomena may be entirely preserved, and its absence alone is enough to produce in the most curious way a memory disorder which will be, *for the subject*, a true amnesia. See indeed what happens in the case of Mlle D.—the most curious type of amnesia I have ever observed. The memory seems to exist in her under several circumstances: during dreams, hypnosis, somnambulistic writing, and speech—when obtained while distracted by some other conscious operation. Here indeed is a common trait: the memory appears when the conscious and personal awareness is absent, when the subject is isolated, without relation to the completeness of the illness. Let us return to the study of the two experiments I just showed you; they are, as you are aware, difficult to reproduce and often fail. From the moment Mlle D. pays attention to her writing, when she hears her own voice, everything stops and it is no longer possible to manifest the memory. This is quite clear: in her, conscious attention—far from facilitating writing as it would in a simulator—abolishes it. Memory in her does not manifest without the subject's awareness; it disappears as soon as the person must speak or write her own name, knowing herself that she is

[12] It is hardly necessary to point out that this characteristic of unconscious memory does not exist only in the case of Mlle D. I demonstrated it with this patient because it was more interesting to observe despite such considerable amnesia; but one could also bring it to light in cases of localized and less severe amnesia. In general, it is almost always easy to recover in the automatic writing of hysterics—obtained by the preceding methods—the memory of dreams, delusions, somnambulisms, etc., of which they seem to have no recollection.

doing so. I do not seek to explain these facts, which are delicate—I merely describe them, and they are numerous. And is it not my right to say that most elementary operations of memory—retention, recall, reproduction of images—exist as in a normal person; but that the personal perception of memories is, in large part, suppressed?

I fear, in presenting this way of understanding hysterical amnesia, that you may fall into an unfortunate excess. How, you might ask, can one speak of the forgetting seen in hysterics, the forgetting that follows somnambulism, that follows seizures, that continuous forgetting like that of M. Charcot's patient, as nothing more than a kind of distraction of the personality? But then it is nothing, and one might say that this forgetting does not exist, that it is only a pretense on the part of the subject. No, certainly not—this forgetting is very real, very distressing for the subject; it is a small psychological lesion, and it is no less an infirmity for that. Berthe's episodes of forgetting, which occurred at every moment of the day and which I can reproduce at will and quite easily, apparently got her dismissed from the shop where she worked and reduced her to misery. The forgettings of Mlle D. forced her to be transported to Paris, to be placed for several months at the Salpêtrière, far from her husband and children who cry for her. A lesion, to be moral, is no less real and sometimes very grave, and one could very well be confined in an asylum for a mere disturbance in the notion of personality. Hysterical amnesias, like anesthesias, seem to us to be something of this kind: a diminution or localized or general suppression of the faculty that consists in linking images to personality, of the personal perception of memories.

III

Gentlemen, it might be wise to stop here: the notions I have presented to you on hysterical amnesia seem to me to fairly well summarize current knowledge. Perhaps it is dangerous to try to go any further. However, it is always permissible to recount certain facts and to express the ideas they suggest to us, provided we take care to indicate the problematic nature of what we propose. We have now understood hysterical amnesia in general, but I have asked myself whether we could not analyze with more precision the "when" and the "what" of particular cases. Why, for example, among patients who do not have continuous amnesias but rather localized amnesias, does the forgetting always occur at one moment rather than another? Why do they forget this period of their life rather than that one? I do not claim here to offer a general answer that applies in all cases, but in certain specific ones, it has seemed to me that we could observe certain facts intimately related to the amnesia and regularly varying with it. As isolated as these facts may be, we must point them out to you.

As I told you at the beginning, one of the cases of amnesia that struck me the most was that of a patient from the hospital in Le Havre. She had in her memory an unquestionable and fairly extended gap of three months, which is already quite long and quite rare. Unlike the patients we have just discussed, it was not enough to hypnotize her in any way for her to recover the memories, and despite all my prolonged attempts over the course of six weeks, I had not recovered any memory

from that long period. This woman exhibited, as is often the case with very severely hysterical patients, a very unstable somnambulism, constantly changing, interrupted by spasms and small convulsive incidents. One day, in one of these accidental somnambulistic states, she said to me spontaneously: "You have often asked me what happened in the months of August and September. Why haven't I been able to answer you? It's simple; I know it now—I did this and that, etc."[13] The memory of those three forgotten months had totally returned just as I had seen it vanish. But as soon as the somnambulism changed or the subject returned to the waking state or to another somnambulistic state, those memories once again completely disappeared. I tried to see what might be particular about this state and was struck by an observation that I continue to consider quite interesting: in this particular somnambulistic state, which brought about the return of memories, Rose suddenly recovered tactile and muscular sensitivity on the right side—whereas in the other states, there was a state of perpetual total anesthesia. Moreover, thanks to information I had the good fortune to gather, it was shown to me that Rose was sensitive on the right side and simultaneously left-hemianesthetic during the very three-month period for which memory had been lost. The accidental restoration, I admit, of this same sensitivity was accompanied by the restoration of all the memories of that period. Facts of this kind have often been reported, I believe. You will recall the extraordinary case of Louis V., which many authors have discussed.[14] This famous patient presented what were called ten different personalities—or rather five or six distinctly different mental states—each characterized by specific memories and determined amnesias. I have been told that in each of these states, there was a specific sensitivity pattern, and that it was enough, when it was possible to artificially reproduce the bodily state of one of these conditions, to immediately restore the corresponding memory state. It is thus observed that in many other patients, memory is bound to bodily states, just as in the remarkable case of Rose.

We have sought to verify this relation experimentally by producing well-defined anesthesias and examining their influence on equally well-defined memories. In this way, we have managed, we believe, to observe certain facts that do not seem devoid of interest. Quite often—I do not say always—when a hysterical patient has completely lost a certain sensitivity, she has at the same time lost the ability to perceive the images that depend on that sensitivity. Thus, a patient whose case I previously reported was affected by complete dyschromatopsia and could perceive no color with either eye. It was then impossible to induce any colored hallucination in her; she saw, she said, the flowers and objects I suggested to her, but always saw them as gray and white.[15] She no longer had access, through her personal perception, to the images of colors just as she no longer had access to the sensations of colors. Occasionally, one can

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[13] *Automatisme psychologique*, 1889, p. 94.

[14] H. Bourru and P. Burot. – *Variations de la Personnalité*, 1888, above all p. 123 and following. See in the same work a number of quite similar observations.

[15] Mr. Paul Richer was the first, I believe, to report this phenomenon: *Études cliniques sur la grande hystérie*, 1885, p. 707, but he observed it in a woman who was achromatopsic in only one eye, which makes the psychological interpretation more difficult. For the full discussion of these experiments, see *Automatisme psychologique*, pp. 96 and 152.

make a verification in a different way: if one strongly suggests to the patient that she feels a certain tactile sensation—tickling, for example—on a limb that is anesthetic, it sometimes happens that the suggestion succeeds and the subject complains of feeling the tickle. At that moment, you can observe—by pinching the arm—that tactile sensitivity has fully returned to that limb. The image could not be evoked without simultaneously bringing back into personal consciousness the sensation itself. These experiments can be varied indefinitely, and in most cases you will observe a kind of law applied quite regularly: sensations and images of the same kind seem to be associated; they are either both present or both absent in personal perception. If we take up again the schema we used earlier, we can associate with each elementary sensation T T′ T″, M M′, etc., the corresponding images—tactile images t t′ t″, muscular images m m′ m″, visual v v′, and auditory a a′ a″. We will then read the graphical expression of this fact as follows: personal perception PP, when it seizes sensations M′ V′ A′, is at the same time able to grasp the images associated with m′ v′ a′, whereas by neglecting sensations T T′ T″ it loses at the same time the images t t′ t″. In this way, amnesias seem dependent on anesthesias. This would then be the sudden variation in the state of sensitivity that determines localized amnesias.[16]

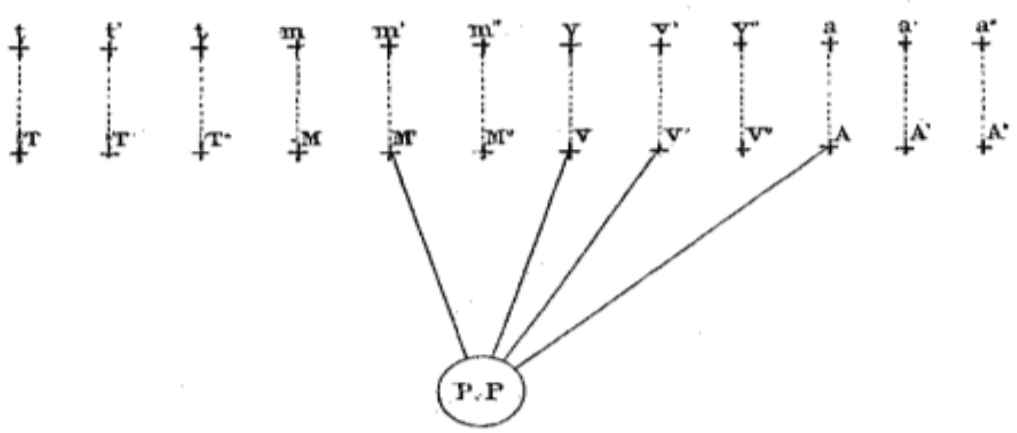

Fig. 1.

[16] The hysterical patient, unable—due to the narrowing of her field of consciousness—to continuously bring together within the same personal perception all sensations and images, seems to choose among them which to perceive: sometimes one set, sometimes another. She has a very unstable personal perception. Ordinary men, says M. Charcot, are auditory, visual, or motor types; a few belong to an indifferent type. I believe it may be necessary to admit for hysterics the *alternating type*; for they naturally or artificially shift from one type to another; for example, they may be visual in the waking state and motor in somnambulism. Naturally, depending on which type and form of thought they are in, they possess or lose this or that category of memories. These reflections are unfortunately still too simplistic to apply to all forms of amnesia; they are only relevant to certain particular cases, which is why I mention them here only without emphasis. *See Automatisme psychologique*, p. 104, for the observation of a hysterical patient absolutely consistent with this description.

These remarks seem accurate, and yet I must confess to you that, in my opinion, they are far from entirely resolving the problem. In fact, it is easy to understand that the disappearances and returns of memories occur in practice in a much more complicated way. The disappearance of a certain sensation and of a certain image may not lead to all the forgettings that the preceding theory would suggest. Substitutions may occur: the same memory—for example, of a person one has seen—can be represented in the mind by images of different kinds. Auditory images of the voice, even the name of that person, may suffice to recall her to mind when we have lost the visual image of her face, and the forgettings that any anesthesia should cause are often compensated and scarcely appear. Moreover, certain images play too important a role in our memory: they serve as a sort of central anchor point around which all other memories are coordinated, and the loss of these images, when it occurs, leads to considerable amnesias that seem only loosely related to the anesthesia that produced them. Finally, let us add that this association of images and sensations, like that of tactile sensations and movements, is a habitual, very general association, but one that is not necessary and that, in certain cases, may be broken—and you will understand why I presented this explanation of amnesias as specific and limited to certain cases.

It is only in a small number of circumstances that the preceding notions may have truly useful applications and help us to understand certain memory phenomena; we believe we encounter them in certain cases of somnambulism. I do not claim to study before you—and incidentally—all those psychological phenomena that have been grouped under the name of somnambulism. My friend, M. Guinon, has already introduced you to the main ones with great precision; I merely wish to point out a few.

Somnambulisms, considered only from the standpoint of memory, are modifications of memory; they are states in which subjects have particular memories that they do not recover when they emerge from them. Given the predisposition of hysterical patients to localized amnesias, such states are, in their case, very numerous, very varied, and very easy to produce. This results not from the methods used, but from the terrain on which one operates. Among all these somnambulistic states, whose study is endless, it is quite natural to select for examination those that present to us some interesting features. And the features that interest us vary according to the goal we set out to achieve. In earlier times, barely twenty years ago, the main concern was not to analyze in detail this or that somnambulistic state; it was necessary first to demonstrate the existence of these abnormal states, to dismiss the easy and banal objection of simulation, and to earn the right to study these phenomena. Anyone who ventured into such work risked compromising his reputation and career, and exposed himself to being mistaken for individuals of rather dubious reputation, with neither medical nor scientific value. He therefore could not present just any somnambulistic state, one characterized only by psychological symptoms. It was necessary to select somnambulistic states in hysterical patients that were accompanied by somatic changes that were visible and tangible—features perceptible enough to be recorded on a phonograph cylinder to convince the skeptics. It is thanks to this work—let us not forget—that the right to study somnambulism was earned. But if

there are other forms of somnambulism, should we immediately say that this right has been won? Who has ever claimed the contrary? If I present to you patients who, in their somnambulism, show only moral (i.e., psychological) modifications, it is because M. Charcot has seen them and asked me to present them to you. Science must be grateful so that our modest contributions, when they are later surpassed, are not entirely forgotten. So I will not hesitate, if I can today present to you the somnambulistic states that we are studying—it is because for many years, others have been presented to you in this very amphitheater.

Today, we can choose among somnambulistic states with more freedom, and I will point out a few that seem interesting to me. Thus, I suggest calling *states or somnambulisms with reciprocal memory*, or to abbreviate, *reciprocal-memory somnambulisms*, certain states in which the memory of the first is found in the second and the memory of the second in the first. For example, I have told you that this young girl, Marguerite, had kinds of alternating deliria following her hysterical attacks. With more precision, she had, at the end of the attack, two different periods of somnambulism. In the first, she remained motionless, eyes closed as if asleep, did not respond and appeared not to hear. In the second, she opened her eyes, moved, and spoke quite naturally, but seemed not to recognize the people around her and appeared to have forgotten all the events that had occurred since she became ill. This latter period ended with some convulsions, and the patient awoke in a state that seemed normal, with complete forgetting of both preceding states. Now, we can artificially reproduce each of these somnambulistic states; in one of the induced states, you see that she remains still, eyes closed, but that she can speak—if prompted. She recounts exactly what happened during the sleep period following the crisis: that a certain person came near the bed, that her father kissed her, etc. Conversely, if I tell her something now, she will be able to repeat it to me, during her next crisis, in that same sleep period. These are thus two states with reciprocal memory.

While she is asleep, if we force her to open her eyes, something happens that is far from ordinary during somnambulism: she completely changes state and loses the memory of what she had just said to me while her eyes were closed. But on the other hand, she has acquired entirely new memories—she tells me what happened during the second somnambulism of her attack, and conversely, during this phase of the attack, she remembers her artificially induced somnambulisms with open eyes. Here again are two reciprocal-memory states.

Well then, in states of this kind, you will often notice, I believe, a very important fact: that the state of sensitivity is the same in the two reciprocal states. You could verify it precisely, if we had the time to study in detail the various psychological states this patient goes through. You would see that the memory states become identical only at the moment when the distributions of sensitivity have become equivalent.

I will not dwell on other varieties of memory during somnambulism; I only wish to point out to you the higher states and the lower states. In the former, the subject remembers all the others, but the reciprocal is not true; and in the latter, he does not remember the higher states.

There is only one state of this kind whose knowledge I believe to be indispensable today—it is the one that deserves to be called *complete somnambulism*. This expression was used for the first time, and with great accuracy, by M. Azam to designate one of the psychological states of Félida X.[17] We have had the opportunity to observe this state on several occasions in hysterical patients and have described it with care, for we attach considerable importance to it.[18]

Fortunately, we can present to you here a remarkable case of this phenomenon, which is in fact quite rare. Here is a patient from the ward whom you all know well—Witm. She is now in her waking state, that is to say, in her normal state, the most habitual one. I remind you of the state of her sensitivity at this moment: tactile and muscular anesthesia, significant narrowing of the visual field, achromatopsia of the left eye, and deafness of the left ear. You know what must be understood by these anesthesias. In reality, I am not saying that Witm. is truly insensible or deaf in the left ear. No, her left ear hears perfectly—here is proof. While she keeps her right ear closed, I instruct her to raise her arm the moment I touch her, and you see that her arm obeys the suggestion exactly, even though Witm. claims to have heard nothing, felt nothing... In reality, it is a kind of anesthesia, analogous to those we recently described, which does not affect personal perception. Moreover, in this waking state, Witm. suffers from numerous amnesias—her seizures, her nocturnal somnambulisms, all the periods of artificially induced somnambulism, long periods of her life, recent events—none of this is remembered, and she has as many gaps in her memories as in her sensations.

I regret not being able to hypnotize this patient in front of you, as I did with the others: somnambulism, as it exists in her, is a long and delicate thing to induce. That depends, as you know, on the subjects and on the circumstances. One of these gentlemen has agreed to hypnotize her outside and bring her to us in the state I want to describe.[19] It is easy to see, from her conversation, that all her previous amnesias have completely disappeared; she remembers all past events, both recent and remote, and has no gaps in her memory; she knows all the artificial somnambulisms she has gone through, and she even recalls—this is curious—the first scenes of somnambulism from her youth, and recounts the first visual hallucination we suggested to her, that of a white mouse. Her memory is completely restored in a marvelous way. But at the same time—and I call your attention to this point—she has lost all her hysterical stigmata and no longer presents any anesthesia. Her tactile sensitivity is delicate, no sign of Romberg, no narrowing of the visual field, no achromatopsia. It is in this complete somnambulism that we most clearly observe the association of sensitivity and memory of which I spoke to you. Certain subjects thus have amnesias dependent on their anesthesias—or better yet, some subjects have amnesias and anesthesias that are inseparable, both depending on a deeper common cause: the weakness of

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[17] Azam. – *Hypnotisme, double conscience et altérations de la personnalité*, 1887, p. 133.
[18] *Automatisme psychologique*, p. 87, 105, 178.
[19] For the study of this complete somnambulism of Wit., see the work of Jules Janet, *Hystérie et somnambulisme, d'après la théorie de la double personnalité.* (*Revue scientifique*, 1888, t. I, p. 616).

their personal perception—and when one of these symptoms disappears, it can be predicted that the other will disappear as well.

This is not, as I told you, the explanation of all localized amnesias—many of them are related to phenomena of suggestion which we have not discussed—but it is at least a beginning of explanation for some of them, and we did not have the right to neglect these few indications; they clarify the comparison of anesthesias and amnesias that we had undertaken.

Allow me, gentlemen, to conclude by reminding you of a few words about the notions we have acquired today. The phenomenon of amnesia occupies a rather special place in the pathology of the mind, and it is the starting point for a great number of diverse symptoms. That is why I believe we must not let ourselves be drawn into this study in an overly abstract way. After establishing the very frequent existence of hysterical amnesias, we examined the analogy that seems to exist between this new phenomenon and hysterical anesthesias. On both sides, there is no real destruction of elementary psychological phenomena, of sensations or of images; there is always merely a powerlessness, an insufficiency of the centralizing faculty. It is always a weakened personal perception, incapable of linking all the elements together into a unified personality; sometimes it neglects certain images randomly and lets vague and scattered amnesias occur; sometimes it seems to take care not to neglect certain definite images, with distinct characteristics, and we see arise the most curious localized amnesias. As for the reason that determines the particular localizations of amnesia, we believe that, in some cases, it may be found in the anesthesias that occur at the same time and imitate variations in conscious sensitivity. But we know that this explanation is very specific and that more often still, much more complex influences must be involved.